

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 331930	RECEIPT DATE:	06 / 30 / 99
IA NUMBER:	PCT/ AU98 / 00902	IA FILING DATE:	10 / 30 / 98
FAMILY NAME:	ZIMMET	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	PAUL ZEV	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	10 / 31 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	229752000700	COUNTRY:	AUX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
		FAX	
NAME:	BARRY E BRETSCHNEIDER		
	MORRISON & FOERSTER		
STREET:	2000 PENNSYLVANIA AVENUE NW		
CITY:	WASHINGTON		
STATE/COUNTRY:	DC	ZIP:	200061888
EMAIL:			
APPLICATION TITLES:	NOVEL GENE AND USES THEREFOR		

TAB TO LAST POSITION, PUSH SEND

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/331,930	06/30/99	435	1646	229752000700

APPLICANT PAUL ZEV ZIMMET, TOORAK, AUSTRALIA; GREGORY COLLIER, OCEAN GROVE, AUSTRALIA.

CONTINUING DOMESTIC DATA***

VERIFIED

371 (NAT'L STAGE) DATA***

VERIFIED THIS APPLN IS A 371 OF PCT/AU98/00902 10/30/98

*10/30/98
11/11/98*

FOREIGN APPLICATIONS***

VERIFIED AUSTRALIA PP 0117 10/31/97
AUSTRALIA PP 0323 11/11/97

*yes
11/11/97*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/20/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<i>[Signature]</i> Examiner's Initials <i>[Signature]</i> Initials	AUX	23	19	5

ADDRESS MORRISON & FOERSTER
2000 PENNSYLVANIA AVENUE NW
WASHINGTON DC 20006-1888

TITLE NOVEL GENE AND USES THEREFOR

FILING FEE RECEIVED \$1,620	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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